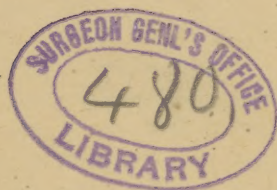


MONTGOMERY (D.W.)

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CASE OF A SMALL AND LARGE PAPULAR SYPHILIDE ASSOCIATED WITH MILIARY GUMMATA OF THE IRIS.

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Members of the San Francisco County Medical Society:—I wish to show you to-night a very interesting case of a small and large papular syphilide of the integument associated with miliary gummata of the iris.

W. H., a German, aged 45, married, acquired about ten months ago a sore on the left side of the mucous surface of the prepuce, where there is still a raised, pea-sized, flat-topped papule. He denies impure connection and is at loss to account for the source of contagion.

There is at present a copious small papular syphilide of the trunk, of the lower limbs, and a few small papules on the dorsum of the penis and on the glans penis, and a large and small papular syphilide on the upper extremities (principally on the flexor surfaces of the forearm), on the neck, and on the face. He says there have been some pimples on the scalp. Many of the lesions on the skin have a dusky, raw-ham color, and have glittering or slightly desquamating tops. The pimples are very numerous on the back, are grouped, but are not circinate. There are no subjective symptoms such as itching, headache, or malaise, but there is slight soreness of the mouth caused by mucous patches. There is one especially well marked mucous patch on the anterior surface of the soft palate. There is no sore throat. The epitrochlear, posterior cervical and inguinal lymphatic ganglia are enlarged. There are three well circumscribed, miliary, yellow nodules on the pupillary margin (outer segment) of the right iris, accompanied by some injection of the neighboring blood vessels. He says the eye has been troubling him for the past four or five weeks.

I am sorry that Dr. H. L. Wagner, who has charge of the lesion of the iris in this case, but who unfortunately is prevented from being here this evening, is not present to demonstrate this



interesting disease of the eye, but you will see by a reference to Michel's description of the syphilitic granulation tumors of the iris, that this is a classic case.

Michel ¹ says that syphilitic granulation tumors of the eye occur most frequently in the iris, and principally on its pupillary border or in its neighborhood. At most there are two or three round, pin-head sized, or larger, nodules which are at first grey or reddish yellow, later on yellow. There is usually a good deal of congestion of the blood vessels in the vicinity. These granulomata occur very early in the course of syphilis, being frequently co-incident with an early integumentary manifestation.

The occurrence of gummata so early in syphilis is interesting, showing as it does that there is no well defined line between secondary and tertiary lesions, and that this division is principally of value to teachers, but is liable to give rise to serious errors in clinical medicine.

The prognosis is good as far as the iris itself is concerned. The small papular syphiloderms, however, yield but slowly to treatment, recur frequently, and at times initiate a marasmus which ends in death,² and in this case the bad prognosis of the skin affection is, I should think, made still worse by the occurrence of precocious gummata.

1. Lehrbuch der Augenheilkunde, page 497, von Dr. Julius Michel.
2. Syphilis der Haut, von M. Kaposi, page 114.



